Waterloo Wellington **LHIN**

Improving Access to Care

Accountability - Community - Innovation - Integrity

Annual Report 2010 - 2011

Ontario

Local Health Integration Network

Message from our Chair and CEO

Since the inception of Local Health Integration Networks (LHIN) in 2005, the way local health services are funded, delivered, and evaluated, has changed. There is no doubt that as a result of these changes, residents in Waterloo Wellington are benefiting from a health system that is more accountable, better coordinated, and focused solely on meeting local health care needs.

Kathy Durst
Chair

Together, with community input and health service provider expertise, the WWLHIN has helped to develop two successive strategic plans for the local health system. These plans have brought providers together with a common goal to increase access to high quality health services for local residents.

As the WWLHIN works with local health service providers to implement the community's second strategic plan, Working Together for a Healthier Community, a dedicated focus has been placed on reducing emergency department wait times and alternate level of care (ALC) days in hospitals. These two indicators are symptoms of broader health system issues and making lasting progress in these areas will have a positive impact on the transformation of the health system to one that is person-centered, integrated, and sustainable.

Bruce Lauckner
CEO

In its work, the WWLHIN is guided by four important strategic values – Accountability, Community, Innovation, and Integrity.

Accountability – For the first time, health service providers, such as hospitals, long-term care homes and community agencies, are being held accountable for the taxpayer dollars they are given. Through rigorous performance management, strategic accountability agreements, and sound financial management, all of the WWLHIN's health service providers have balanced budgets. Without adding financial resources, residents are receiving more and better care.

Community – For the first time, the health care needs of people in Waterloo Wellington are being identified, coordinated, and addressed as a truly integrated system. Through robust community engagement, residents in Waterloo Wellington continue to have the opportunity to shape not only the priorities of the health system, but the solutions being implemented. The initiatives we undertake are about improving access to quality health care for our family, friends and neighbours. As we look to the future, emphasis will be placed on enhancing the sustainability of health care by looking at the determinants of health and the health of our community as a whole.

Innovation – For the first time, providers in the local health care system are working together to improve access to quality care for local residents. This means that innovative local solutions are being developed and implemented rather than a one size fits all approach – such as the new integrated mental health program and our unique Intensive Geriatric Service Workers.

Integrity – For the first time, local decisions are being made to respond to local health care needs. This is at the core of the value of the LHIN. Members of the LHIN Board and LHIN staff live and work in the community they serve. In addition, the 14 LHINs have adopted a LHIN Priority-Setting and Decision Making Framework to support an open, transparent and consistent process as LHINs continue to set local health care priorities and make decisions. The framework focuses on four key elements including community capacity, system performance, strategic fit and population health.

Throughout this Annual Report, you will see evidence of the progress being made across our four strategic dimensions; Improve access to health services, improve the health of the population, enhance system effectiveness, and build community capacity to achieve a sustainable health system. You will also learn more about the challenges we face in meeting our ambitious objectives and the strategies being implemented to overcome them.

Together, with our health service providers, the WWLHIN remains focused on the community's health priorities. We will continue to bring together diverse partners to develop unique and local solutions that allow everyone, regardless of where they live and what resources they may have, to Live and Live Well in Waterloo Wellington.

Members of the Board

Kathy Durst, Chair
June 2, 2005 – June 1, 2011

Paul Truex, Vice-Chair
June 2, 2005 – June 1, 2011

Manjit Basi
Oct 6, 2010 – Oct 5, 2013

Lynda Davenport
Oct 27, 3010 – Oct 26, 2013

Bill Dinwoody
Dec 2, 2009 – Dec 1, 2012

Glenna Heggie
May 17, 2006 – May 16, 2011

Paul Holyoke
June 2, 2005 – June 1, 2011

Bruce Schieck
Jan 5, 2006 – Jan 4, 2011

Dale Small
Nov 18, 2009 – Nov 17, 2012

WWLHIN Governance Structure

The WWLHIN is governed by a board of nine directors who are selected by the Lieutenant Governor in Council and appointed through Order in Council. Members hold office for a term of up to three years and may be re-appointed for one additional term. The Lieutenant Governor in Council is responsible for designating the Chair and Vice-Chair from among the members. The board is skills-based, drawing on local individuals with a variety of experiences and expertise.

The board is bound by agreements with the Ministry of Health and Long-Term Care, is responsible for the management and control of the affairs of the WWLHIN and is the key point of interaction with the Ministry.

WWLHIN board meetings are open to the public and take place at locations throughout the Waterloo Wellington area. There are three standing committees of the board – Finance and Audit, Governance and Nominations.

Introduction to the WWLHIN

The Waterloo Wellington Local Health Integration Network (WWLHIN) is one of 14 LHINs established across Ontario in recognition that health care services are best managed at the local level where they can be delivered through an integrated approach and with input from the community. The WWLHIN is responsible for planning, coordinating, integrating and funding health services in Waterloo Region, Wellington County and south Grey County.

LHINs are the only organizations in Ontario that bring together health care partners from the following sectors - hospitals, community care, community support services, community mental health and addictions, community health centres and long-term care - to develop innovative, collaborative solutions leading to more timely access to high quality services for the residents of Waterloo Wellington and Ontario. By supporting these important partnerships, LHINs are ensuring that Ontarians have access to an effective and efficient health system that delivers improved health results and a better patient experience.

An integrated health system for Waterloo Wellington means:

> *A system that is easy to use and access, is coordinated and effective, promotes health and wellness, ensures the highest quality of care and services, recognizes and leverages the contributions of all stakeholders, encourages innovation, partnership and excellence and will be there for us today and tomorrow.*

WWLHIN Vision

The WWLHIN's Vision supports the MOHLTC's Vision, as it provides a common direction for the LHINs and all health service providers in Ontario.

A health care system that will keep people healthy, will get them good care when they get sick, and will be there for their children and grandchildren.

WWLHIN Mission

Inspiring people to improve quality of life now and in the future through collaborative relationships and health system integration.

WWLHIN Values

In addition to the mission and vision, which define what our role is in the Waterloo Wellington community, the WWLHIN values guide how we do our work.

- **Accountability** Demonstrated by follow through, evidence-based outcomes and transparency
- **Community** Demonstrated by respect, engagement and focus on people
- **Innovation** Demonstrated by creativity, future focus and change
- **Integrity** Demonstrated by sound decision making processes and honesty

Strategic Dimensions

Strategic dimensions are key focus areas that will help advance the vision for the WWLHIN health system.

- Improve access to health services
- Improve the health of the population
- Enhance system effectiveness
- Build community capacity to achieve a sustainable health system

Health Services in the Waterloo Wellington LHIN

The Waterloo Wellington LHIN is responsible for planning, integrating, coordinating and funding 77 health service providers. The organizations provide programs and services in one or more of the following sectors:

1 Community Care Access Centre
4 Community Health Centres (with 4 satellites)
21 Community Mental Health and Addictions Services
33 Community Support Services
8 Hospital Corporations (10 hospital sites)
34 Long Term Care Homes
A complete list of funded health service providers can be found on the WWLHIN website, www.wwlhin.on.ca.

Our Community

As of 2009, the WWLHIN is home to approximately 740,703 residents, representing 5.6% of Ontario's total population. Between 2009 and 2022, the WWLHIN will experience a population growth of 16.2%, and is projected to be the sixth fastest growing LHIN in the province. The expected provincial population increase during the same time period is 15.6%. The population growth of WWLHIN residents 65+ years between 2009 and 2024 is projected to be faster than that of the provincial growth (68.6% vs. 62.8%). However, the percentage of Waterloo Wellington residents who are 65+ years is currently lower (12%) than that of Ontario average (13.5%) and is projected to remain lower through 2024.

Our Health

Residents in the WWLHIN area are increasingly engaging in unhealthy behaviors. Data from the 2009 Canadian Community Health Survey informs us that there are a higher percentage of obese or overweight people in Waterloo Wellington, 53.8 per cent compared to the provincial average of 51%. During the time period of 2003 - 2009, the obesity average increased by 20.1 per cent in WWLHIN compared to the provincial change of 8.7%.

Participation in physical activity has increased, though only slightly from 2003 - 2009 in both the WWLHIN (0.8 per cent) and the province (2.8 per cent). The percentage of heavy drinkers in the WWLHIN in 2009 (18.9%) is higher than the provincial average (15.6%) and has decreased from 2003 – 2009 by 14.9%. While daily smoking in 2009 is at 18.2% in Waterloo Wellington, this represents an 18% decrease from 2003 – 2009.

In 2009, 80.5% of local residents had contact with a medical doctor in the past 12 months, compared to a provincial average of 82.9%. The percentage of local residents with: diabetes was 6.8% which is slightly higher than the provincial average and a 1.4% increase since 2007. In addition, per 100,000 residents, 402 were hospitalized for an injury, 137 were hospitalized for stroke, and 222 were hospitalized for a heart attack. While the rate of hospitalization for injuries has decreased since 2007, rates of hospitalization for heart attack and stroke have increased.

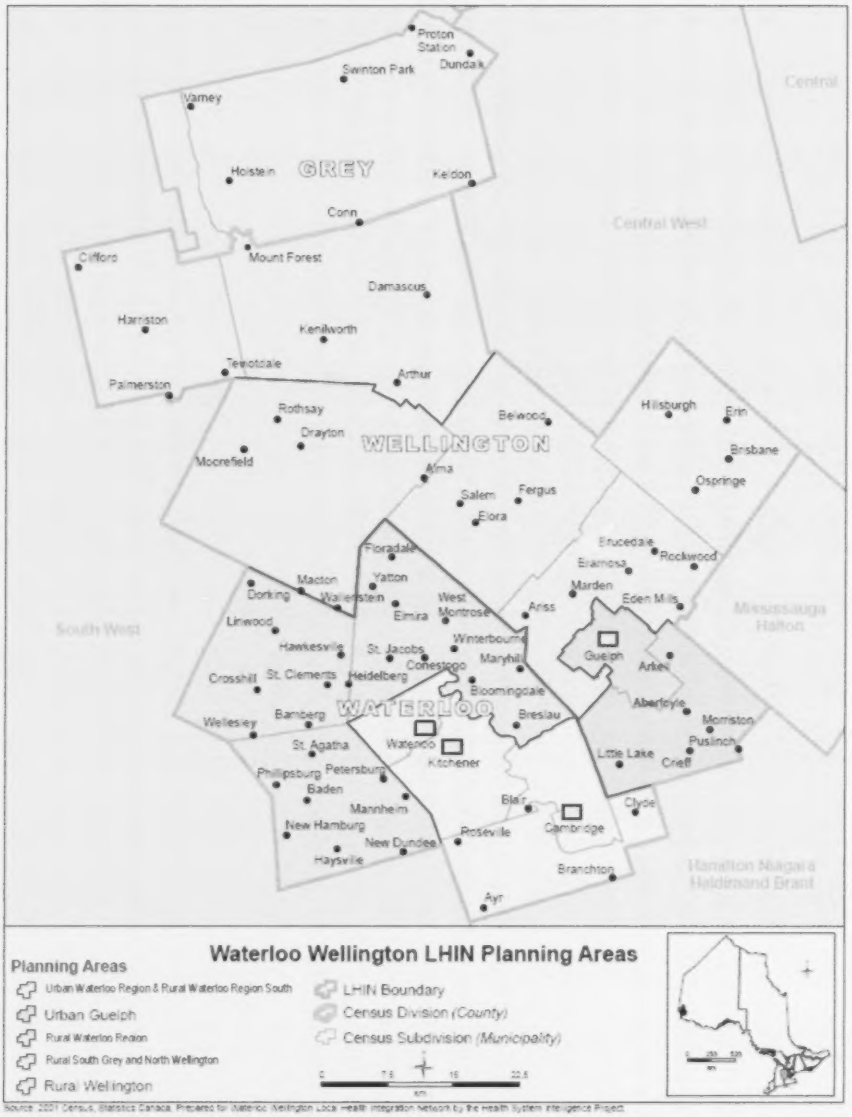
While 87.6% of residents completed high school, only 59.8% have completed post-secondary education. The unemployment rate in 2009 was 8.3%, with 9.8% of the population considered to be low-income. Since education, literacy rates and income are determinants of health, improvements in these areas will impact health outcomes for our residents.

Our Planning

An essential component of the WWLHIN's planning process is to get an understanding of how and why future health needs are likely to change. Changes in future demand for health care services are driven by a number of factors including: demographic (e.g. age or gender), epidemiological (e.g. health status), social and economic factors (e.g. income or education), changes in clinical practice, technology, policy changes and public expectation. By doing an analysis of our community and health behaviours, future needs can be determined and planned.

Waterloo Wellington LHIN Geography

The WWLHIN covers approximately 4,800 square kilometers of land. Almost 90 per cent of the WWLHIN's total geographic space is rural.



Source: 2001 Census, Statistics Canada. Prepared for Waterloo Wellington Local Health Integration Network by the Health System Intelligence Project.

Performance and Accountability

Ministry-LHIN Accountability Agreement

The Ministry-LHIN Accountability Agreement (MLAA) clearly defines the relationship between the Ministry of Health and Long-Term Care (MOHLTC) and the WWLHIN in the delivery of local health care programs and services. It establishes a mutual understanding between the Ministry and the LHIN and outlines the responsibilities and obligations of each organization and the respective performance indicators within a pre-defined period of time.

Health System Performance

Over the past year, the WWLHIN has worked closely with health service providers on initiatives to improve access to care for local residents. The WWLHIN remains a top performer in a number of key priority areas including access to Cancer Surgeries, CT Scans, and Cardiac By-Pass procedures.

Wait times for cataract surgery and hip and knee surgery increased over the past year due to a number of influencing factors including increased demand for these procedures. The WWLHIN continues to engage its health service providers and the Waterloo Wellington Wait Time Steering Committee to evaluate these factors and implement strategies to reduce wait times.

While MRI wait times decreased over the past year, the addition of a new MRI at Cambridge Memorial Hospital and the MRI Process Improvement Program (PIP), will help bring the wait time closer to the provincial target of 28 days.

Hospitals across the WWLHIN experienced increasing numbers of patients visiting their emergency departments (ED). There were almost 13, 000 more visits in 2010 - 2011 than in 2009 - 2010. This increase affected patient flow throughout the system, increasing length of stays in the ED.

Despite the increase in visits to the emergency department, the percentage of ALC days decreased over the past year. This can be attributed to Aging at Home initiatives, more long-term care beds, the implementation of the Home First philosophy, and increased collaboration between hospitals, long-term care, CCAC, and community support services to improve patient flow throughout the system. The WWLHIN will continue to work with these partners to reduce ALC days and bring the percentage closer to the target.

Overall, the WWLHIN is proud of the work accomplished in partnership with local health service providers to provide better access to high quality care for local residents. However, there is more work to be done. The Waterloo Wellington LHIN is committed to implementing innovative initiatives that drive results, monitoring and measuring performance, and collaborating broadly to achieve these targets.

Performance Indicator	LHIN 10/11 Starting Point	LHIN 10/11 Performance Target	Most Recent Quarter 2010/11 LHIN Performance	Percent from Target for Most Recent Quarter Result*	FY 2010/11 LHIN Annual Result	WWLHIN Met Target
90th Percentile Wait Times for Cancer Surgery	49	**49**	49	0.0%	**49**	**YES**
Cancer Surgery wait times have remained on target throughout 2010-2011. The WWLHIN continues to monitor wait times and engage the WWLHIN Wait Times Steering Committee and WW Regional Cancer Program to ensure they remain on target.						
90th Percentile Wait Times for Cardiac By-Pass Procedures	29	**34**	24	-29.4%	**34**	**YES**
The Waterloo Wellington LHIN shares the lowest wait time for Cardiac By-Pass Procedures in the province. The implementation of a regional Code-STEMI protocol has resulted in reduced wait times for life-saving emergency angioplasty.						
90th Percentile Wait Times for Cataract Surgery	76	**76**	96	26.3%	**92**	NO
In 2010-2011, the WWLHIN targeted financial resources and effort towards reducing the biggest gap between target and actual wait time (in MRI), while working with Cataract Surgery providers to maintain existing good performance. In 2011-2012, renewed focus will be applied to bring the Cataract Surgery wait time back to target.						
90th Percentile Wait Times for Hip Replacement	103	**103**	108	4.9%	**120**	NO
In 2010-2011, the WWLHIN targeted financial resources and effort towards reducing the biggest gap between target and actual wait time (in MRI), while working with Hip Replacement providers to maintain existing good performance. In 2011-2012, incremental funding and renewed focus will be applied to bring the Hip Replacement wait time back to target.						
90th Percentile Wait Times for Knee Replacement	115	**115**	169	47.0%	**169**	NO
In 2010-2011, the WWLHIN targeted financial resources and effort towards reducing the biggest gap between target and actual wait time (in MRI), while working with Knee Replacement providers to maintain existing good performance. In 2011-2012, incremental funding and renewed focus will be applied to bring the Knee Replacement wait time back to target.						
90th Percentile Wait Times for Diagnostic MRI Scan	82	**28**	64	128.6%	**62**	NO
In 2010-2011, the shutdown of Grand River Hospital's MRI for six weeks contributed to an increase in the wait time. In 2011-2012, an MRI Process Improvement Plan will be implemented to improve efficiency and bring the wait time closer to the target at Grand River Hospital. A new MRI will be operational at Cambridge Memorial Hospital in early 2012. Incremental funding and renewed focus will be applied to bring the MRI wait time closer to target.						
90th Percentile Wait Times for Diagnostic CT Scan	33	**28**	27	-3.6%	**28**	**YES**
CT Scan wait times have remained on target throughout 2010-2011. The WWLHIN continues to monitor the wait times and engage the WWLHIN Wait Times Steering Committee to ensure it remains on target.						
Percentage of Alternate Level of Care (ALC) Days - By LHIN of Institution***	17.64%	**12.51%**	16.98%	35.8%	**16.88%**	NO
The WWLHIN is improving its performance through investments in new long-term care bed capacity, new transitional-care beds, restorative beds, as well as support for hospital providers who are implementing the Home First philosophy. Based on its ongoing review of ALC metrics and reviews of prior investments, the WWLHIN continually engages stakeholders in designing and implementing strategies to reduce ALC days.						
90th Percentile ER Length of Stay for Admitted Patients	25.50	**20.00**	30.18	50.9%	**29.32**	NO
90th Percentile ER Length of Stay for Non-Admitted Complex (CTAS I-III) Patients	7.20	**6.80**	7.83	15.2%	**7.52**	NO

Performance Indicator	LHIN 10/11 Starting Point	LHIN 10/11 Performance Target	Most Recent Quarter 2010/11 LHIN Performance	Percent from Target for Most Recent Quarter Result*	FY 2010/11 LHIN Annual Result	WWLHIN Met Target
90th Percentile ER Length of Stay for Non-Admitted Minor Uncomplicated (CTAS IV-V) Patients	5.30	**4.10**	5.40	31.7%	**5.12**	NO
In 2010-2011, the WWLHIN worked closely with other LHINs to devise approaches to Ontario-wide ED pressures. In 2011-2012 an ED-ALC Lead will focus directly on hospital-specific initiatives to reduce ED wait times. Hospitals will focus on implementing initiatives proven to work in other hospitals.						
Repeat Unplanned Emergency Visits within 30 Days for Mental Health Conditions**	13.70%	**11.60%**	15.52%	33.8%	**14.35%**	NO
Repeat Unplanned Emergency Visits within 30 Days for Substance Abuse Conditions**	19.70%	**16.80%**	21.36%	27.1%	**23.08%**	NO
Readmission within 30 Days for Selected CMGs**	14.40%	**14.00%**	16.09%	14.9%	**14.81%**	NO
Admissions for some mental health and addiction issues increased throughout the year. The WWLHIN has engaged service providers in strategies to better care for these patient groups and reduce readmissions. One example is the opening of Addiction Supportive Housing units across the WWLHIN.						

* A negative percentage means the LHIN has met its target.

*** FY 2010/11 is based on only 3 quarters of data (Q1-Q3 2010/11).

Government Priority Initiatives

WWLHIN Emergency Department and Alternate Level of Care Initiatives

The WWLHIN, working with local health service providers, is focused on enhancing quality care and improving patient safety. Two key areas include reducing Emergency Department wait times, and reducing Alternate Level of Care days. Making significant progress in these key areas will have the greatest impact on transforming the local health system and improving the patient experience for local residents. Local Aging at Home program initiatives such as Geriatric Emergency Management (GEM) Nurses and the Integrated Assisted Living Program (IALP) are making a huge difference in helping residents to receive the right care, in the right place, at the right time.

Reducing Emergency Department Wait Times

The Waterloo Wellington LHIN and local hospitals have been working hard to make sure that when residents need emergency care, they receive high quality care that is both timely and effective. As part of the province's ED strategy, hospitals in the WWLHIN were chosen to pilot the ED Process Improvement Program (PIP). The program is designed to improve patient flow and patient satisfaction through evaluating the patient experience from entry in the ED to discharge from an inpatient unit.

As a result of the initiative, hospitals across Waterloo Wellington worked together to identify inefficiencies, implement new processes, pilot new technologies, engage other sectors including community support services and long-term care, and then share their learnings with each other.

Continuing to build on this progress, the Waterloo Wellington Emergency Services Network brings together hospital leaders and community partners, such as public health and emergency management services, to share information and knowledge with the sole focus of providing high quality, integrated services for local residents.

In 2010 - 2011, the Government's Pay-for-Results program expanded to include four hospitals in the Waterloo Wellington LHIN: Cambridge Memorial Hospital, Grand River Hospital, Guelph General Hospital, and St. Mary's General Hospital. The program rewards hospitals for meeting specific ED wait time reduction targets. Collectively, the hospitals received $3,258,000 to help meet these targets. Hospitals also received additional bonus funding for meeting their targets throughout the year. In total, local hospitals received $874,200 in bonus performance funding.

Helping Frail Seniors Better Navigate the Health System

When her husband Bob passed away, Doris Hoffer, 87, was devastated, lonely, and her health was failing. She was on multiple medications and without Bob to remind her of which ones to take and when, she was confused and constantly ending up in the emergency department for help. This time, her neighbour Sam took her to the emergency department where she met with a Geriatric Emergency Management Nurse.

The Nurse assessed Doris and created a care plan for her to access supports in the community. She also immediately referred her to an Intensive Geriatric Service Worker (IGSW), a new role coordinated by Trellis Mental Health and Developmental Services and funded through the Waterloo Wellington LHIN's Aging at Home program. IGSW's provide support to frail seniors requiring access to community health services. They act as a navigator, setting up specialist appointments, and helping seniors to access existing programs in the community.

Together, Doris and her ISGW Heather Higgs went to see a geriatric specialist, visited her pharmacy to have her medications placed in easy-to-follow blister packs, went to the lab to have her blood work done, and explored a number of retirement homes. "I wish everyone could have the service I have," shared Doris. "I didn't want to admit I needed help. I didn't know where the services were." Within six weeks of meeting Heather, Doris's health improved greatly. Her blood levels were better, she was happier and safer, and she didn't need to go to the ED once.

Reducing Alternate Level of Care Days

Within the WWLHIN, there are many patients who wait in hospital who no longer require the intensity of resources or services provided in those care settings. These patients are often waiting to be transferred to a more appropriate care setting, such as: long-term care, complex continuing care, palliative care, mental health care, or home care. The hospital beds occupied by patients waiting for 'alternate levels of care' and who could be cared for more appropriately in another setting are referred to as "ALC Days".

The WWLHIN is committed to helping residents receive the right care, in the right place, at the right time. This means implementing unique initiatives to provide the right care in the community, thereby reducing ALC days, helping patients move to a more appropriate care setting faster, and reducing wait times for other patients within the system.

As a result of local initiatives, ALC days in hospitals were reduced from 27% in November 2008 to 17.65% in April 2011 meaning that same percentage of people were receiving the right care in community rather than inappropriately waiting in hospital

Aging at Home

To improve access to care for Waterloo Wellington seniors, the WWLHIN has invested $35 million into Aging at Home initiatives since 2008. Aging at Home programs were implemented to provide a suite of services for seniors to enable them to live as independently as possible, for as long as possible, in a safe home of their choice.

In 2010 - 2011, the WWLHIN completed an inclusive evaluation process of 15 Year One initiatives, before making further funding plans for the upcoming 2011 - 2012 fiscal year.

The WWLHIN evaluation process encompassed a number of components, including: a review of the original business case for each of the 15 initiatives, focusing on achieved outcomes; an assessment of the program's impact on reducing emergency department visits and the number of ALC days in hospital, as well as other health system priorities; and discussions with the service providers regarding program delivery and overall performance.

Based on the evaluation results, the WWLHIN Board of Directors approved $5.3 million in funding to be included in the WWLHIN's planning of Aging at Home funding for the 2011 - 2012 fiscal year.

Local Residents Supported Through Expanded Aging at Home Program

Over the past year, the WWLHIN's successful Integrated Assisted Living Program (IALP) was expanded to serve rural residents of east Southgate and north Wellington, as well as more urban residents across Waterloo Wellington.

The goal of the Integrated Assisted Living Program is to support aging in place by preventing premature placement into long-term care, and eliminating medically unnecessary emergency department visits and hospitalizations by helping clients enhance their health status, well-being and quality of life. Through a community approach, the IALP provides personal support services to older adults with complex health needs who have limitations with activities of daily living.

Sunnyside Overnight Stay Program Helps Rejuvenate Caregivers

When Shirley Coulliard's husband Paul was diagnosed with dementia in 2005, they knew his life would severely change. What they didn't realize, was how much it would change Shirley's life in the process.

As his dementia progressed, Shirley needed more and more help to manage Paul's needs. She received a number of home care services through the Waterloo Wellington Community Care Access Centre (WWCCAC).

They began attending a dining program a couple of nights a week at Sunnyside in Kitchener, and eventually started using their overnight stay program.

Through funding from the Waterloo Wellington LHIN's Aging at Home program, the Region of Waterloo Sunnyside Seniors' Services was able to expand their respite program to seven days a week, allowing caregivers like Shirley an extended break.

"The part of the whole dementia journey which I most appreciate, is having Sunnyside to come to," said Shirley. "When the overnight stay services were expanded to seven days a week, I was able to drop Paul off for a week at a time. This allowed me to run errands and participate in community activities again, but it allowed for my body to be rejuvenated. Being able to let go of your responsibility for even a short-time and know that your loved one is being taken care of takes so much off of your shoulders."

'Home First' Improves Access to High Quality Care, Reduces ALC Days

Home First is a significant shift in health care thinking. When a person enters a hospital with an acute episode, every effort is made to ensure adequate resources are in place to support the person to ultimately go home on discharge. Only when returning home with care is not possible or safe to do so, are other options considered.

Essentially, Home First is about providing the right care, in the right place, at the right time and for the right cost.

In January 2010, the WWLHIN began to implement a Home First philosophy, in partnership with the Waterloo Wellington Community Care Access Centre (WWCCAC). Since the implementation of Home First, the WWLHIN has seen a decrease in Alternate Level of Care (ALC) patients in hospitals. Work continues to help more patients go home from hospital safely where they can make informed decisions about their future care arrangements.

Expanding Access to Long-Term Care

To increase access to long-term care beds, 332 beds are opening throughout the WWLHIN by the end of 2012. Ninety-six beds opened in late fall 2010 at St. Joseph's Health Centre in Guelph, and another 96 opened in April 2011 at the Village of Riverside Glen in Guelph. A groundbreaking ceremony was held for the start of construction on 96 new beds at Hilltop Manor in Cambridge. An additional 44 beds will open at Pinehaven Nursing Home in Waterloo by the end of 2012.

Transitional Care Program

The WWLHIN implemented a successful transitional care program, which includes putting additional beds in place, to assist with the flow of alternate level of care patients from hospital beds to their final destination.

The Transitional Care Program expanded in 2010 with the opening of 35 interim long-term care beds. With the support of Cambridge Memorial Hospital (CMH), Lutheran Homes Kitchener-Waterloo began operating the beds on the 5th floor at the Cambridge hospital. The first residents arrived in January 2011.

This brings the total of WWLHIN funded transition beds to 118 for the 2010 - 2011 fiscal year, with an investment of $3.9 million. The transitional care beds are in place for a specified time period until the full complement of the new 332 long-term care beds open across Waterloo Wellington.

Easy Coordinated Access

Easy Coordinated Access, specifically a single referral process for Community Support Services for Seniors, has been rolled out to all hospitals, community case managers and other professional referral sources across WWLHIN, making it easier for professionals to refer their patients. This improved referral process makes it easier for clients to get the services they need, enabling them to remain in their homes longer.

GGH Sees Reduction in ALC

Guelph General Hospital (GGH) has seen a reduction in their Alternate Level of Care (ALC) patient days.

The hospital attributes this reduction to the significant role that community services play in improving patient flow and new long-term care (LTC) beds opening in Guelph.

"Three months ago, we would regularly have 20 to 25 ALC patients each day, waiting for placement in long-term care," said Eileen Bain, Vice President, Patient Services and Chief Nursing Executive at Guelph General Hospital. "Right now, we can count the number of ALC patients waiting for long-term care on one hand".

Ninety-six new LTC beds opened in Guelph at St. Joseph's Health Centre in November 2010 and another 96 beds are opening at Riverside Glen this April. Eileen notes that strong partnerships with community partners have enabled the development and coordination of a number of strategies aimed at improving patient flow for ALC patients. While access to the new bed capacity has certainly had a positive impact on patient flow, Eileen cautioned that it's the combination of process changes, enhanced community programs and more beds that are making a real difference.

"The Waterloo Wellington LHIN has been persistent and we are starting to see the results," said Eileen. "The WWLHIN has helped to engage hospitals in a different way and while we all acknowledge that bed capacity is very important; it's about more than that. It's about better coordinating services, improving processes, and working together."

Community Engagement

Community Engagement

Since their inception in 2005, LHINs have been working closely with residents and local health service providers to identify and plan for local health needs by implementing services and programs.

Waterloo Wellington residents and health service providers have been engaged in a variety of ways. They have helped to identify local needs and challenges, suggested solutions, and developed the priorities for our local health system. Consultations have been held on a variety of health system issues such as the health care needs of rural communities, multicultural communities, and aboriginal communities. Community input was also vital to the development of the Working Together for a Healthier Future, Integrated Health Service Plan 2010 - 2013.

Community engagement continues to be an essential ingredient in the work of the WWLHIN. Community engagement activities through 2010 – 2011 focused on the development of the Chronic Disease Prevention and Management Framework and the WWLHIN Stroke Care Review.

WWLHIN Stroke Review

Through an extensive consultation process with the Ontario Stroke Network, the Waterloo Wellington Local Health Integration Network completed a review to look at opportunities to improve the delivery of quality care for local stroke patients and survivors.

Membership of the Stroke Review Working Committee included: representatives of both the regional and district stroke centres, WWLHIN staff, Dr. Jim Sahlas, Ontario Stroke Network Best Practice Champion and Dr. Dan Mendonca, former Medical Director of Stroke Program, Grand River Hospital.

"Partnering with the Ontario Stroke Network has enabled us to look at our local stroke services and compare them with evidence-based best practices across the province," said Gloria Whitson-Shea, Clinical Lead, WWLHIN. "The expertise of the Working Committee, combined with the dedication of our health service providers, has resulted in a focused report that will lead to positive changes in how we deliver care to Waterloo Wellington residents."

Chronic Disease Prevention and Management Framework

In November 2010, the WWLHIN completed a framework for chronic disease prevention and management (CDPM) to guide the development and possible refresh of related services and programs offered within the WWLHIN. The key goal of the framework is to provide guidelines for the WWLHIN and health service providers leading to a more consistent approach to CDPM in Waterloo Wellington. The draft framework was shared with the community through a consultation process including meetings with key stakeholders and an on-line survey. Community feedback was used to refine the framework which was discussed by the WWLHIN board of directors at their board meeting on November 25, 2010.

Enhanced Community Engagement

In an effort to ensure greater transparency and accountability, Local Health Integration Networks (LHINs) posted Annual Community Engagement (CE) Plans on their websites as new LHIN Community Engagement Guidelines were implemented across the province.

The Community Engagement Guidelines and Toolkit were implemented by all LHINs in February 2011 to promote standardization and best practices, and improve accountability. They outline requirements for an external review committee, an annual CE plan, and for including results in each LHIN's Annual Report.

By developing provincial guidelines, all 14 LHINs will now have a consistent approach to community engagement planning and will be better able to show how feedback gathered through community engagement activities is considered as part of each LHINs' decision making process. The posting of the annual community engagement plans is just one element of the provincial Community Engagement Guidelines that will ensure greater transparency and accountability by the LHINs.

"Community involvement continues to be an essential ingredient in the work of the Waterloo Wellington LHIN," said Kathy Durst, Chair, Waterloo Wellington LHIN Board of Directors. "Our engagement activities have opened valuable conversations with our diverse communities and helped us to explore new ways of building an integrated, sustainable, and person-centred health system."

To view the guidelines and learn more about community engagement, please visit: www.wwlhin.on.ca.

Ongoing Engagement Activities

The WWLHIN has actively encouraged and planned community engagement activities as part of our annual planning process. Meaningful community engagement supports the WWLHIN's goals to inform, educate, consult, involve and empower stakeholders in health service planning and decision-making processes. Supporting our diverse communities is achieved through a number of engagement strategies.

Champions of Change – Spring 2011

A 15-member Community Council meets regularly to provide valuable input to the board. This is a group of individuals who bring their community knowledge, experience and interest in local health care to the WWLHIN, and in turn, back to the community. In 2010 - 2011 the WWLHIN Community Council developed a new Terms of Reference to guide their work.

Presentation opportunities to community-based organizations are actively solicited. Over the past fiscal year, information was shared with more than 20 community groups. The WWLHIN also participates at local events such as the Seniors Wellness Fair, Hike for Hospice, Columbia Lake Health Fair, Passport Day, and more. These venues are excellent networking opportunities for the WWLHIN with general consumers, community partners and health service providers.

The WWLHIN was host to the ninth and 10th Champions of Change symposiums over the past fiscal year. These semi-annual events are held each Spring and Fall to offer health service providers and community members an opportunity to come together to share experiences that lead to quality and process improvements in care for local residents.

More than 230 participants attended the spring event, making it the largest Champions of Change event to date. Learning sessions throughout the day focused on addressing the determinants of health and how population health inequities are impacting the sustainability of our health system.

MLAA Community Engagement Requirements

The MLAA requires that the WWLHIN engage with the Francophone and Aboriginal planning entities as prescribed under the Local Health System Integration Act (LHSIA).

In 2010, the Honourable Deb Matthews, Minister of Health and Long Term Care, named six French language health planning entities that will provide the province's 14 LHINs with guidance on the following items, pursuant to Ontario Regulation 515/09 Engagement with the Francophone Community under LHSIA.

- methods of engaging the Francophone community in the area;
- the health needs and priorities of the Francophone community in the area, including the needs and priorities of diverse groups within that community; the health services available to the Francophone community in the area;
- the identification and designation of health service providers for the provision of French language health services in the area;
- strategies to improve access to, accessibility of and integration of French language health services in the local health system; and,
- the planning for and integration of health services in the area.

During the fiscal year 2010 - 2011, there were no Francophone or Aboriginal-specific health service providers in the WWLHIN.

Francophone Planning Activities

On December 15, 2010, in accordance with the Section 16 of LHSIA the Ministry of Health and Long-Term Care appointed the Francophone planning entity for the Waterloo Wellington and Hamilton Niagara Haldimand Brant LHINs. This newly incorporated organization, known as L'Entité de planification pour les services en français dans les regions de Waterloo, Wellington, Hamilton, Niagara, is a nonprofit organization with a board of directors comprised of residents from each of the LHINs.

In April 2011, the Waterloo Wellington (WW) and Hamilton Niagara Haldimand Brant (HNHB) Local Health Integration Networks (LHINs) held negotiations leading to the signing of an unprecedented funding and accountability agreement with the *Entité de planification pour les services en français dans les régions de Waterloo, Wellington, Hamilton, Niagara*.

In addition to all of the WWLHIN's stakeholders and partners, Francophone organizations such as the Association Francophone de Kitchener Waterloo, the Centre Communautaire de Cambridge as well as the seven French schools and two school boards serving the Waterloo Wellington area will be consulted on how to better respond to Francophone needs while meeting the planning and integrating goals of the WWLHIN.

Francophone Health Services

The *Entité de planification pour les services en français dans les régions de Waterloo, Wellington, Hamilton, Niagara* will collaborate with the HNHB and WW LHINs to respond to the unique health needs of Francophones in these two areas of the province. According to the 2006 Census, there are more than 28,000 Francophone people living in the HNHB LHIN, which represents 2.2 per cent of the LHIN's population. In the WW LHIN, there are more than 11,500 Francophone residents.

The WWLHIN has no provincially-designated communities for French language services and therefore no provincially-recognized and designated French language health service providers. WWLHIN Francophone residents mostly access health services from the local mainstream health system or travel to service providers outside the WWLHIN to access service in French.

In April 2010, a new French-language mental health telemedicine service for Waterloo Wellington residents was announced by Trellis Mental Health and Developmental Services and the WWLHIN. Access to French-language mental health services was identified as a health system priority after a series of consultations that the WWLHIN held with Francophone residents.

French speaking residents of Waterloo Wellington, who require mental health assistance, will now be able to access a psychiatrist who speaks French through the services of the Ontario Telemedicine Network (OTN). Access to this service will be through a referral from family doctors to Trellis Mental Health and Developmental Services.

Aboriginal Planning Activities and Health Services

The local Aboriginal community in Waterloo Wellington is 100 per cent urban based. There are no reserve lands or Indian Friendship Centres within our territorial boundaries. Aboriginal residents in need of health care must access services from the local mainstream health system or travel to service providers outside of the WWLHIN to access culturally appropriate care.

In 2010, the WWLHIN began an extensive engagement project to learn about the specific health needs of the Aboriginal community in Waterloo Wellington. The Aboriginal Health Needs Assessment is available on our website at www.wwlhin.on.ca in the "Engaging our Communities" section.

The Aboriginal health needs assessment identified five opportunities for the WWLHIN for continued engagement with the Aboriginal community. The next stage of the Community Engagement process is to take the findings of the needs assessment back to the community and work together with other organizations/agencies to seek solutions to the outlined needs.

Integrated Health Service Plan (IHSP)

Working Together for a Healthier Future, Integrated Health Service Plan, 2010 - 2013

In 2009 – 2010, in partnership with health service providers and local residents, the WWLHIN updated the community's Integrated Health Service Plan (IHSP) for Waterloo Wellington's health system. Since then, guided by that plan, the WWLHIN and local health service providers have made great strides in improving access to high quality health care services for local residents.

The strategic plan presents a detailed description of the local priorities, an implementation plan and how success will be measured. To address the eight priorities, the IHSP outlines the system improvement initiatives that will be implemented over the three-year period of the plan. The initiatives were developed with the individuals, networks and organizations that will be responsible for putting the plans in action. Review and measurement has been rigorous and ongoing to support success and assist in making any necessary adjustments to the plan along the way.

IHSP Priorities

The Waterloo Wellington Working Together for a Healthier Future, IHSP, 2010 - 2013 focuses on the following eight priorities:

- improving patient safety and enhancing quality of care
- improving access to emergency department (ED) care
- decreasing alternate level of care (ALC) days.
- improving access to primary care
- improving access to, and coordination of, addictions and mental health services
- improving chronic disease prevention and management (including diabetes)
- improving outcomes for stroke patients through integrated programs
- improving wait times for MRI exams

eHealth, health human resources, and strategic leadership are three vital enablers that will facilitate the achievement of system improvement and transformation.

Improving Patient Safety and Enhancing Quality of Care

The continuous effort of improving patient safety and enhancing quality of care is consistent with Ontario's goal of attaining the safest and highest quality health system in Canada. The focus on safety and quality will also contribute to improving sustainability as it will reduce resources that don't add value to population health.

Goal: Our goal is to implement initiatives that will see 95 per cent of residents satisfied with the care they receive. We want to have the lowest adverse events and infection rates in the province, and we will work to eliminate duplication of administrative, support and clinical activities.

Successes:

- Grand River Hospital was the most improved hospital in the country in the Canadian Institute for Health Information's annual hospital standardized mortality ratio (HSMR) report, an important indicator for reporting progress in a hospital's overall quality plan. The Waterloo Wellington Local Health Integration Network's average ratio was 82 for the 2009 fiscal year, down from 94 in the previous year.
- 100% of Waterloo Wellington's long-term care homes signed up to participate in the Resident's First quality improvement initiative.

Improving Wait Times for MRI Exams

Wait times are measured from the time the MRI exam is booked until the time the exam is completed. Over the past three years, we have seen a significant improvement in wait times for MRI exams – moving from one of the longest wit times in the province to the third best. However, wait times are still too long.

Goal: Our goal is to decrease wait times from the current wait of 82 days to meet the provincial target of 28 days.

Successes:

- reduced wait times for non-urgent contrast studies
- increased operating hours for MRI machines to 16 hours per day / 7 days per week
- reduced wait times from 163 days in 2008 to 62 days in 2011.

Improving Access to Emergency Department (ED) Care

Reducing emergency wait times is about much more than emergency departments (ED). There are many people, inside the department and out, who influence the patient experience, including how long they wait for treatment and how long they spend inside the ED before going home or moving to another unit inside the hospital.

As part of the province's ED strategy, hospitals in the Waterloo Wellington LHIN were chosen to pilot the ED Process Improvement Program (PIP). The program was designed to improve patient flow and patient satisfaction through evaluating the patient experience from entry in the ED to discharge from an inpatient unit.

The Miyasaki Family at Cambridge Memorial Hospital. Kate Miyasaki (11) received quick and compassionate care for a broken leg in early 2011.

As a result of the initiative, hospitals across Waterloo Wellington worked together to identify inefficiencies, implement new processes, pilot new technologies, engage other sectors including community support services and long-term care, and then share their learnings with each other.

Goal: non-urgent ED visits (CTAS 4,5) will be reduced by 10 percentage points by ensuring appropriate utilization of ED resources.

Successes:

- A Case Study published on the initiative in Waterloo Wellington by the Institute for Public Administration of Canada (IPAC) shared the challenges and successes of PIP, calling it a story of "Resilience, Reliability, and Results". It concluded that "ED PIP may be one of the most significant transformational efforts to take place in Ontario hospitals in decades. In its early days PIP has clearly demonstrated success by enhancing the quality of the patient experience through improved access to care and flow through the system," (IPAC, 2010).
- Four hospitals participated in the ED Pay for Results Program which resulted in a one hour reduction in average length of stay and fewer patients leaving without being seen.
- Expanded Geriatric Emergency Management (GEM) nurses in EDs which has resulted in improved follow up care for seniors at risk of functional decline.
- Implemented Intensive Geriatric Service Worker (IGSW) program to better connect seniors at risk to appropriate community support services.

Improving Access to Primary Care

According to several sources, (MOHLTC Primary Care Access Survey 2008, WWLHIN survey 2009, Statistics Canada, Canadian Community Health Survey), approximately 95% of residents in Waterloo Wellington have a primary care physician or place where they go for regular primary care. Primary health care services play an important role in prevention of disease and treatment of illness as well as chronic disease management and we are committed to ensuring that these services are easily accessible for all residents in Waterloo Wellington.

Goal: To ensure all residents of Waterloo Wellington have access to primary care, improve utilization of primary care by vulnerable populations and increase the number of residents who access after-hours care.

Successes:

- Announcement of a new Family Health Team in Guelph – the Mango Tree Family Health Team
- Announcement of a new Nurse Practitioner-led Clinic with sites at both Conestoga College in Kitchener and downtown Galt in Cambridge.

Improving Access to, and Coordination of, Addictions and Mental Health Services

During the past several years, addictions and mental health issues have been increasing among residents in the WWLHIN. Data from 2007 shows that substance use among Waterloo Wellington students exceeds that of the provincial average in all categories, as does substance use among Waterloo Wellington adults.

Goal: to reduce substance use among youth to the provincial average in all categories, reduce mental health issues among youth, decrease readmissions and inappropriate ED use to provincial averages and improve access to services.

Successes:

- Better coordination of services and identifying needs through the Waterloo Wellington Addiction and Mental Health Network
- Expanding mental health services at Grand River Hospital and Cambridge Memorial Hospital, including the redevelopment of the Adult and Child and Adolescent Inpatient Units at Grand River Hospital's KW-site, and the longer-term mental health program at the hospital's Freeport site.
- Coordinated intake through community support coordination team which will improve coordination, integration and allocation of individualized care
- Developed common crisis planning process, including a common crisis pathway and orientation DVD, shared assessment tools and WWLHIN-wide sharing of crisis plans to improve coordination of crisis services
- Developed and started implementation of program for addictions supportive housing and outreach in Waterloo Wellington which will increase housing stability for people with problematic substance use and reduce frequency of readmissions to addictions programs

Improving Chronic Disease Prevention and Management

Healthy behaviors among WWLHIN residents are on the decline. Between 2003 and 2007, obesity rates steadily increased as did rates of many chronic diseases, including diabetes, high blood pressure, arthritis and asthma. These four chronic conditions account for a high proportion of doctor visits, emergency department visits and hospitalizations, and negatively influence a person's quality of life.

Goal: To improve the provision of chronic disease management and self care and improve access to specialized services for patients with chronic conditions.

Successes:

- Initiated development of a comprehensive framework for prevention and management of chronic disease beyond diabetes which will enhance our understanding of the current delivery system and identify priority populations, and which services and resources are needed to serve these populations
- Developed a comprehensive bariatric program to increase access to services for morbidly obese patients
- Expanded home dialysis program in partnership with the Regional Renal Program which provides more patient-centred options for dialysis care
- Developed a Regional Diabetes Coordination Centre to provide leadership for all diabetes-related services in Waterloo Wellington. This will lead to better outcomes for residents with diabetes.

Integrated Youth Addictions Program Offers Seamless Care and Support

In 2008, the provincial government and the Waterloo Wellington LHIN announced $2.5 million to support the implementation of an Integrated Youth Addictions Program developed jointly by Ray of Hope in Kitchener and the Portage Program for Drug Dependencies in Elora.

As a result of the integrated program, the two organizations work closely together to support youth and offer them the most appropriate services to meet their needs. Youth now have access to a variety of treatment options including residential, day-treatment, or community-based treatment.

The seamless transition from residential to community-care, despite being located in different communities, is a large benefit of the program.

"We recently referred three young women to Portage for residential treatment," said Glynis Burkhalter, Program Director, Ray of Hope, Youth Addiction Services. "We continue to check-in with them monthly and are involved in their care and discharge planning so we are ready to provide them with support when they return."

"At the same time, if a young man is struggling in residential treatment at Portage, he can be transferred to Ray of Hope for treatment in a smaller facility," said Pat Culver, Portage Ontario Facility Director. "We continue to be involved in their treatment to ensure continuity of care. Working together allows us to give youth options for treatment that best suits their specific needs."

For families, the program means high-quality treatment options close to home, where parents can have regular interaction with the care team.

Decreasing Alternate Level of Care (ALC) Days

ALC patients are those waiting in hospital for care in a more appropriate place such as home with supports, long-term care, palliative care, rehabilitation, mental health care, and more. This can increase wait times for other patients needing a hospital bed. The WWLHIN, in partnership with its health service providers, has implemented a number of initiatives to reduce ALC days in hospitals.

Goal: to improve acute care bed utilization and improve access to community services to enhance hospital discharge opportunities.

Successes:

- Implemented various Aging at Home Year 2 initiatives which resulted in a decrease in ALC from a high of 22% to a low of 16%. Examples of these initiatives include:
    - An Integrated Assisted Living Program for seniors in three sites across the WWLHIN
    - Community Palliative Supportive Care Teams
    - Supportive housing and ABI Transitional Housing;
    - Expanded Attendant Outreach services;
    - Intensive Geriatric Support Workers to support the implementation of Geriatric Emergency Management (GEM) nurses in the community;
    - Expanded overnight respite for persons with Alzheimer's and related dementias;
    - And a transition program including: Transition Beds, Long Term Care Interim Beds and Palliative Supportive Care, which has allowed ALC patients to move to a more appropriate level of care while waiting placement in their destination.
- Initiated implementation of the Home First philosophy which will support patients being assessed for other levels of care in the most appropriate setting and enable appropriate resources to support discharge home
- Launched a 33 bed supportive housing program at Sunnyside in Kitchener.

GEM Nurses Nora Bamsey and Lori Woestenenk at the Palmerston and District Hospital.

Improving Outcomes for Stroke Patients through Integrated Programs

Waterloo Wellington has a higher than average three-month readmission rate for stroke (2005 - 2006) as well as 30-day stroke in-hospital mortality rates (2007 - 2008). These rates can be improved through the availability of more inpatient and outpatient rehabilitation services for both mild and severe stroke patients. Presently, more residents in the WWLHIN (than the provincial average) who were hospitalized for stroke were sent home without any home care services.

Goal: to improve prevention and management of patients at risk of stroke by primary care providers and reduce readmission rates and mortality rates to the provincial average.

Successes:

- Expanded the timeframe for being able to safely administer the drug tPA from 3.0 hours to 4.5 hours
- Developed standardized care maps, routine stroke orders and patient education across the WWLHIN
- Implemented a stroke navigation tool which has been given to health care providers across the continuum of care and lays out the best practice procedures that should be undertaken for patients who are at risk of stroke, have had a stroke and are recovering from stroke
- Developed a plan to ensure successful community re-integration of stroke survivors
- Conducted a review of stroke services in the WWLHIN, which will guide the provision of best-practice stroke care in Waterloo Wellington for the next three to five years.

Integration Activities

The WWLHIN along with health service providers have the responsibility and obligation to identify integration opportunities. There are four integration options:

Voluntary Integration: health service providers, at their own initiative, plan to integrate services funded by the WWLHIN

Facilitated Integration: the WWLHIN and / or health service providers explore appropriate integration strategies and the WWLHIN facilitates or negotiates integration with the HSPs

Required Integration: WWLHIN ordered integration of services

Funding: WWLHIN uses its funding authority to promote integration of services.

In 2009 - 2010, the WWLHIN Board supported two voluntary integration opportunities.

Cystic Fibrosis (CF) Clinic Integration

A voluntary integration to transfer the adult portion of the cystic fibrosis (CF) clinic from Grand River Hospital to St. Mary's General Hospital. Through this integration, the components of the adult CF clinic will be located at SMGH, which supports ongoing quality care for 50 patients.

The hospitals engaged those directly impacted by the proposed change, and considered their input including any concerns. Overall, there was support for the transfer. The WWLHIN Board of Directors passed a motion to support the integration.

Expanding Access to Mental Health Care

In November 2010, the mental health program at Grand River Hospital (GRH) expanded their longer term specialized mental health services at the Freeport Site including the transfer of 50 beds, an Assertive Community Treatment (ACT) Team, as well as the development of associated outpatient programming, transition team and a new day hospital. The transfer of beds and services from St. Joseph's Health Care (SJHC), London, will allow patients from Waterloo Wellington to receive specialized mental health care closer to home.

Cambridge Memorial Hospital (CMH) is also expanding its adult mental health services. The current unit will expand from its current 10 beds to 22 Schedule 1 beds, with expanded outpatient programming and a new day hospital. The unit is scheduled to open in the fall of 2011.

WWLHIN Vascular Program

In April, the provincial government announced the capital funding to bring a new vascular operating room to Guelph. Once the new operating room opens next winter, it will serve up to 543 patients a year in Waterloo Wellington. The WWLHIN Board of Directors approved the integration to create a WWLHIN wide vascular program in June 2008, with a commitment of $1.47 million for operating costs. With the approval of the capital request, the program can now expand to include endovascular procedures using the latest technological equipment.

Integration Means More Seniors Receiving Care for the Same Cost

Three years after integrating four community support service agencies into one, Community Support Connections: Meals on Wheels and More is offering more services, to more seniors, with the same annual funding provided by the Waterloo Wellington LHIN.

It has taken a few years, but the organization, and especially its clients, are now reaping the benefits. Not only is there greater access to services, but by pooling their resources and expertise, seniors are receiving a higher quality service that is better coordinated.

"Before, a resident or health care provider would have to call separate agencies to book different services. Now they can make one phone call and receive meals on wheels, friendly visiting, transportation, and more," said Executive Director Dale Howatt.

"Our staff and volunteers are also trained to identify additional client needs. If a client is receiving one service, and needs another, it's easier now to help them access more services," shared Dale.

Dale acknowledges that change isn't easy and that it's been quite a journey to this point for staff and volunteers. The key, she shared, has been great Board of Directors leadership, frequent communication and staff engagement, and a dedicated focus on improving services for clients.

"We have created an organizational culture that embraces change and seeks out innovation. This has allowed us to continuously improve our processes and programs to provide better service for our clients," shared Dale.

Since the integration, the organization has expanded and enhanced its services. It now has four new community dining locations, increased transportation options, expanded meal options to meet its clients' special dietary needs, provides better care coordination, and is able to respond to referrals and meet with clients more quickly to assess their needs.

When asked what's next for the organization, Dale and Monica didn't hesitate. "Our clients will tell us. We will continue to get better at what we do, meet their needs, and work collaboratively with our partners," they said.

WWLHIN Operations

Total revenue for 2010 - 2011 includes funding for WWLHIN operations and special projects, and funding for health service providers in accordance with public sector reporting guidelines.

In 2010 - 2011, the WWLHIN invested $920 million in local health service providers for direct patient / client services and programs across the WWLHIN. In total, approximately half of one per cent, (0.58%), or $5.4 million of our total funding is used for WWLHIN operations to support the important role of planning, coordinating and integrating for the local health system. The WWLHIN has a staff complement of 31 full time equivalent (FTE) positions to support planning and integration, contract and funding responsibility, as well as administrative requirements.

New Office Location

On September 7th, the WWLHIN moved into its new office space at 50 Sportsworld Crossing Drive, East Building, Suite 220, in Kitchener. The new central office location will provide: a forecast savings over a ten year period of $450,000; appropriate work space to support a healthy work environment for staff; accessible and affordable parking for staff and visitors; and will improve accessibility for health service providers.

Enhancing Organizational Performance

Throughout 2010 - 2011, the WWLHIN implemented changes to its organizational structure to improve efficiency. This included the realignment of staff to create a business management team to streamline operations and better support staff and health service providers.

Looking to the Future

As the WWLHIN continues to work with its health service providers to implement the community's strategic plan, the IHSP specific focus will remain on the eight priorities outlined in our IHSP including quality improvement, reducing emergency department wait times and reducing ALC days.

In addition to having a system that provides good care to people when they get sick, our vision also includes the creation of a health system that will keep more people healthy which in turn will make the system more sustainable. In order to improve the health of our population, we need to influence the determinants of health - things that truly impact health such as early education, housing, employment and so on. To do that, we need help from our partners in the municipal, education, private, non-profit and community sectors and have begun work in this area.

Planning will also commence for the development of the next Integrated Health Service Plan, 2013 – 2016.

While there is more work to be done to achieve our targets and strategic objectives, this Annual Report celebrates the collective health system accomplishments of the past year. As a result of the work of the WWLHIN and local health service providers, residents have better access to health care services, a more coordinated and collaborative health system, and a blueprint for the future to help them Live and Live Well in Waterloo Wellington.

Financial statements of

Waterloo Wellington Local Health Integration Network

March 31, 2011

Waterloo Wellington Local Health Integration Network

March 31, 2011

Table of contents

Deloitte

Deloitte & Touche LLP
5140 Yonge Street
Suite 1700
Toronto ON M2N 6L7
Canada

Tel: 416-601-6150
Fax: 416-601-6151
www.deloitte.ca

Independent Auditor's Report

To the Members of the Board of Directors of the
Waterloo Wellington Local Health Integration Network

We have audited the accompanying financial statements of Waterloo Wellington Local Health Integration Network, which comprise the statement of financial position as at March 31, 2011, and the statements of financial activities, changes in net debt and cash flows for the year then ended, and a summary of significant accounting policies and other explanatory information.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with Canadian public sector accounting standards, and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we comply with ethical requirements and plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained in our audit is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements present fairly, in all material respects, the financial position of Waterloo Wellington Local Health Integration network as at March 31, 2011 and the results of its financial activities, changes in its net debt and its cash flows for the years then ended in accordance with Canadian public sector accounting standards.

Deloitte & Touche LLP

Chartered Accountants
Licensed Public Accountants
May 30, 2011

Waterloo Wellington Local Health Integration Network

Statement of financial position
as at March 31, 2011

	2011	2010
	$	$
Financial assets		
Cash	**1,042,057**	1,056,475
Due from Ministry of Health and Long-Term Care	**-**	43,500
Due from the Local Health Integration Networks Shared Services Office (Note 4)	**-**	1,233
Other receivables	**49,732**	-
	1,091,789	1,101,208
Liabilities		
Accounts payable and accrued liabilities	**1,076,709**	1,027,385
Due to Ministry of Health and Long-Term Care (Note 3b)	**33,086**	27,286
Due to the Local Health Integration Networks Shared Services Office (Note 4)	**8,934**	-
Deferred capital contributions (Note 5)	**290,752**	384,155
Deferred revenue	**-**	46,537
	1,409,481	1,485,363
Commitments (Note 6)		
Net debt	**(317,692)**	(384,155)
Non-financial assets		
Prepaid expenses	**26,940**	-
Capital assets (Note 7)	**290,752**	384,155
Accumulated surplus	**-**	-

Approved by the Board

Director CHAIR

Director

Waterloo Wellington Local Health Integration Network

Statement of financial activities
year ended March 31, 2011

	Budget (Unaudited) (Note 8)	2011 Actual	2010 Actual
	$	$	$
Revenue			
Ministry of Health and Long-Term Care funding			
Health Service Providers transfer payments (Note 9)	860,916,865	920,425,127	870,764,285
Local Health Integration Network operations - general and administrative	4,354,419	4,478,487	4,030,745
E-Health (Note 10a)	-	600,000	600,000
Emergency Department Lead (Note 10b)	-	75,000	75,000
Emergency Department/Alternative Levels of Care Lead (Note 10c)	-	100,000	100,000
Aboriginal Planning (Note 10d)	-	5,000	5,000
Ontario Diabetes Strategy (Note 10e)	-	-	25,000
French Language Services (Note 10f)	-	50,537	15,163
Diabetes Self-Management (Note 10g)	-	-	35,000
Health Equity Impact Assessment (Note 10h)	-	-	8,500
Critical Care Lead (Note 10i)	-	75,000	-
Amortization of deferred capital contributions (Note 5)	-	105,306	146,019
	865,271,284	925,914,457	875,804,712
Expenses			
Transfer payments to Health Service Providers (Note 9)	860,916,865	920,425,127	870,764,285
Local Health Integration Network operations - general and administrative (Note 11)	4,354,419	4,554,707	4,176,716
E-Health (Note 10a)	-	600,000	600,000
Emergency Department Lead (Note 10b)	-	75,000	75,000
Emergency Department/Alternative Levels of Care Lead (Note 10c)	-	100,000	100,000
Aboriginal Planning (Note 10d)	-	5,000	5,000
Ontario Diabetes Strategy (Note 10e)	-	-	25,000
French Language Services (Note 10f)	-	46,537	15,163
Diabetes Self-Management (Note 10g)	-	-	16,351
Health Equity Impact Assessment (Note 10h)	-	1,478	-
Critical Care Lead (Note 10i)	-	75,000	-
	865,271,284	925,882,849	875,777,515
Annual surplus before funding repayable to Ministry of Health and Long-Term Care	-	31,608	27,197
Funding repayable to Ministry of Health and Long-Term Care (Note 3b)	-	(31,608)	(27,197)
Annual surplus	-	-	-
Opening accumulated surplus	-	-	-
Closing accumulated surplus	-	-	-

Waterloo Wellington Local Health Integration Network

Statement of changes in net debt
year ended March 31, 2011

	Budget (Unaudited) (Note 8)	2011	2010
		$	$
Annual surplus	-	-	-
Change in prepaid expenses	-	(26,940)	17,235
Acquisition of capital assets	-	(11,903)	(323,674)
Amortization of capital assets	-	105,306	146,019
Decrease in net debt	-	66,463	(160,420)
Opening net debt	-	(384,155)	(223,735)
Closing net debt	-	(317,692)	(384,155)

Waterloo Wellington Local Health Integration Network

Statement of cash flows
year ended March 31, 2011

	2011	2010
	$	$
Operating transactions		
Annual surplus	-	-
Less items not affecting cash		
Amortization of capital assets	**105,306**	146,019
Amortization of deferred capital contributions (Note 5)	**(105,306)**	(146,019)
	-	-
Changes in non-cash operating items		
Decrease (increase) in due from Ministry of Health and Long-Term Care	**43,500**	(43,500)
Decrease (increase) in due from Local Health Integration Networks Shared Services Office	**1,233**	(1,233)
(Increase) in other receivables	**(49,732)**	-
Increase (decrease) in accounts payable and accrued liabilities	**49,324**	(11,487)
Increase in due to Ministry of Health and Long-Term Care	**5,800**	27,197
Increase (decrease) in due to Local Health Integration Networks Shared Services Office	**8,934**	(17,511)
(Decrease) increase in deferred revenue	**(46,537)**	46,537
(Increase) decrease in prepaid expenses	**(26,940)**	17,235
	(14,418)	17,238
Acquisition of capital assets	**(11,903)**	(323,674)
Financing transactions		
Capital contributions received (Note 5)	**11,903**	323,674
Net (decrease) increase in cash	**(14,418)**	17,238
Cash, beginning of year	**1,056,475**	1,039,237
Cash, end of year	**1,042,057**	1,056,475

Waterloo Wellington Local Health Integration Network

Notes to the financial statements

March 31, 2011

1. Description of business

The Waterloo Wellington Local Health Integration Network ("WW LHIN") was incorporated by Letters Patent on June 2, 2005 as a corporation without share capital. Following Royal Assent to Bill 36 on March 28, 2006, it was continued under the *Local Health System Integration Act, 2006* (the "Act") as the WW LHIN and its Letters Patent were extinguished. As an agent of the Crown, the LHIN is not subject to income taxation.

A Local Health Integration Network ("LHIN") is, and exercises its powers only as, an agent of the Crown. Limits on the LHIN's ability to undertake certain activities are set out in the Act.

Each LHIN has also entered into an Accountability Agreement with the Ministry of Health and Long-Term Care ("MOHLTC"), which provides the framework for LHIN accountabilities and activities.

Commencing April 1, 2007, all funding payments to LHIN managed Health Service Providers ("HSPs") in a LHIN geographic area, have flowed through each LHIN's financial statements. Funding allocations from the MOHLTC are reflected as revenue and an equal amount of transfer payments to authorized HSPs are expensed in each LHIN's financial statements for the year ended March 31, 2011.

The mandates of the WW LHIN are to plan, fund and integrate the local health system within its geographic area. The WW LHIN spans carefully defined geographical areas and allows for local communities and health care providers within the geographical area to work together to identify local priorities, plan health services and deliver them in a more coordinated fashion. The WW LHIN covers all of the County of Wellington, the Region of Waterloo, and the City of Guelph. The WW LHIN also contains part of Grey County, which is split with the South West and the North Simcoe Muskoka LHINs. The WW LHIN enters into service accountability agreements with health service providers.

2. Significant accounting policies

The financial statements of the WW LHIN are the representations of management, prepared in accordance with Canadian generally accepted accounting principles for governments as established by the Public Sector Accounting Board ("PSAB") of the Canadian Institute of Chartered Accountants ("CICA") and, where applicable, the recommendations of the Accounting Standards Board ("AcSB") of the CICA as interpreted by the Province of Ontario. Significant accounting policies adopted by the WW LHIN are as follows:

Basis of accounting

Revenues and expenses are reported on the accrual basis of accounting. The accrual basis of accounting recognizes revenues in the fiscal year that the events giving rise to the revenues occur and they are earned and measurable; expenses are recognized in the fiscal year that the events giving rise to the expenses are incurred, resources are consumed, and they are measurable.

Through the accrual basis of accounting, expenses include non-cash items such as the amortization of capital assets and impairments in the value of assets.

Ministry of Health and Long-Term Care Funding

The WW LHIN is funded solely by the Province of Ontario in accordance with the Ministry LHIN Performance Agreement ("MLPA"), which describes budget arrangements established by the MOHLTC. These financial statements reflect agreed funding arrangements approved by the MOHLTC. The WW LHIN cannot authorize an amount in excess of the budget allocation set by the MOHLTC.

The WW LHIN assumed responsibility to authorize transfer payments to HSPs, effective April 1, 2007. The transfer payment amount is based on provisions associated with the respective HSP Accountability Agreement with the WW LHIN. Throughout the fiscal year, the WW LHIN authorizes and notifies the MOHLTC of the transfer payment amount; the MOHLTC, in turn, transfers the amount directly to the HSP. The cash associated with the transfer payment does not flow through the WW LHIN bank account.

The WW LHIN statements do not include any Ministry managed programs.

2. Significant accounting policies (continued)

Government transfer payments

Government transfer payments from the MOHLTC are recognized in the financial statements in the year in which the payment is authorized and the events giving rise to the transfer occur, performance criteria are met, and reasonable estimates of the amount can be made.

Certain amounts, including transfer payments from the MOHLTC, are received pursuant to legislation, regulation or agreement and may only be used in the conduct of certain programs or in the completion of specific work. Funding is only recognized as revenue in the fiscal year the related expenses are incurred or services performed. In addition, certain amounts received are used to pay expenses for which the related services have yet to be performed. These amounts are recorded as payable to the MOHLTC at period end.

Deferred capital contributions

Any amounts received that are used to fund capital assets, are recorded as deferred capital contributions and are recognized as revenue over the useful life of the asset reflective of the provision of its services. The amount recorded under "revenue" in the statement of financial activities, is in accordance with the amortization policy applied to the related capital asset recorded.

Capital assets

Capital assets are recorded at historic cost. Historic cost includes the costs directly related to the acquisition, design, construction, development, improvement or betterment of capital assets. The cost of capital assets contributed is recorded at the estimated fair value on date of contribution. Fair value of contributed capital assets is estimated using the cost of asset or, where more appropriate, market or appraisal values. Where an estimate of fair value cannot be made, the capital asset would be recognized at nominal value.

Maintenance and repair costs are recognized as an expense when incurred. Betterments or improvements that significantly increase or prolong the service life or capacity of a capital asset are capitalized. Computer software is recognized as an expense when incurred.

Capital assets are stated at cost less accumulated amortization. Capital assets are amortized over their estimated useful lives as follows:

Computer equipment, furniture and fixtures	3 years straight-line method
Leasehold improvements	Life of lease straight-line method
Office equipment	5 years straight-line method
Web development	3 years straight-line method

For assets acquired or brought into use during the year, amortization is provided for a full year.

Segment disclosures

A segment is defined as a distinguishable activity or group of activities for which it is appropriate to separately report financial information. Management has determined that existing disclosures in the statement of financial activities and within the related notes for both the prior and current year sufficiently discloses information of all appropriate segments and, therefore, no additional disclosure is required.

Use of estimates

The preparation of financial statements in conformity with Canadian generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amount of assets and liabilities, the disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

3. Funding repayable to the MOHLTC

In accordance with the MLPA, the WW LHIN is required to be in a balanced position at year end. Thus, any funding received in excess of expenses incurred, is required to be returned to the MOHLTC.

a) The amount repayable to the MOHLTC related to current year activities is made up of the following components:

	Revenue	Expenses	2011 Surplus	2010 Surplus
	$	$	$	$
Transfer payments to HSPs	920,425,127	920,425,127	-	-
LHIN operations	4,583,793	4,554,707	29,086	48
E-Health	600,000	600,000	-	-
Emergency Department Lead	75,000	75,000	-	-
Emergency Department/ Alternative Levels of Care Lead	100,000	100,000	-	-
Aboriginal Planning	5,000	5,000	-	-
Ontario Diabetes Strategy	-		-	-
French Language Services	50,537	46,537	4,000	-
Diabetes Self-Management	-	-	-	18,649
Health Equity Impact Assessment	-	1,478	(1,478)	8,500
Critical Care Lead	75,000	75,000	-	-
	925,914,457	925,882,849	31,608	27,197

b) The amount due to the MOHLTC at March 31 is made up as follows:

	2011	2010
	$	$
Due to MOHLTC, beginning of year	27,286	89
Paid to MOHLTC during year	(25,808)	-
Funding repayable to the MOHLTC related to current year activities (Note 3a)	31,608	27,197
Due to MOHLTC, end of year	33,086	27,286

4. Related party transactions

The LHIN Shared Services Office (the "LSSO") and the Local Health Integration Collaborative (the "LHINC") are divisions of the Toronto Central LHIN and are subject to the same policies, guidelines and directives as the Toronto Central LHIN. The LSSO, on behalf of the LHINs is responsible for providing services to all the LHINs. The full costs of providing these services are billed to all the LHINs. Any portion of the LSSO operating costs overpaid (or not paid) by the LHINs at the year end are recorded as a receivable (payable) from (to) the LSSO. This is all done pursuant to the shared service agreement the LSSO has with all the LHINs.

4. Related party transactions (continued)

The LHINC was formed in fiscal 2011 to strengthen relationships between and among health service providers, associations and the LHINs, and to support system alignment. The purpose of LHINC is to support the LHINs in:

- fostering engagement of the health service provider community in support of collaborative and successful integration of the health care system;
- their role as system manager;
- where appropriate, the consistent implementation of provincial strategy and initiatives;
- the identification and dissemination of best practices.

LHINC is a LHIN-led organization and accountable to the LHINs. LHINC is funded by the LHINs with support from the MOHLTC.

5. Deferred capital contributions

	2011	2010
	$	$
Balance, beginning of year	**384,155**	206,500
Capital contributions received during the year	**11,903**	323,674
Amortization for the year	**(105,306)**	(146,019)
	290,752	384,155

6. Commitments

The WW LHIN has commitments under various operating leases and maintenance contracts related to building, software and equipment. Lease renewals are likely. Minimum lease payments due in each of the next five years are as follows:

	$
2012	292,545
2013	325,259
2014	329,121
2015	333,083
2016	349,524
Thereafter	1,324,499

The WW LHIN also has funding commitments to HSPs associated with accountability agreements. The actual amounts which will ultimately be paid are contingent upon actual WW LHIN funding received from the MOHLTC.

7. Capital assets

	Cost	Accumulated amortization	2011 Net book value	2010 Net book value
	$	$	$	$
Office equipment, furniture and fixtures	338,622	156,273	182,349	232,178
Computer equipment	48,756	28,740	20,016	26,179
Web development	23,043	23,043	-	-
Leasehold improvements	689,250	600,863	88,387	125,798
	1,099,671	808,919	290,752	384,155

8. Budget figures

The budget figures reported in the Statement of financial activities reflect the initial budget at April 1, 2010 as approved by the LHIN Board. The figures have been reported for the purposes of these statements to comply with PSAB reporting requirements. During the year the government approved budget adjustments. The following reflects the adjustments for the WW LHIN during the year:

The final HSP funding budget of $920,425,127 is derived as follows:

	$
Initial budget	860,916,865
Additional funding received during the year	59,508,262
Final budget	920,425,127

The final LHIN general and administrative and specific initiatives budget of $4,478,487 is derived as follows:

	$
Initial budget	4,354,419
Additional funding received during the year	135,971
Amount treated as capital contributions made during the year	(11,903)
Final budget	4,478,487

No budget was set for items appearing on the Statement of changes in net debt.

9. Transfer payments to HSPs

The WW LHIN has authorization to allocate the funding of $920,425,127 to the various HSPs in its geographic area. The WW LHIN approved transfer payments to the various sectors in fiscal 2011 as follows:

	2011	2010
	$	$
Operations of hospitals	**562,147,855**	532,644,311
Grants to compensate for municipal taxation - public hospitals	**159,225**	159,225
Long term care homes	**147,875,383**	138,689,922
Community care access centre	**101,024,036**	94,389,560
Community support services	**16,998,689**	15,474,635
Assisted living services in supportive housing	**6,241,198**	6,206,398
Community Health Centres	**16,579,197**	15,044,242
Community mental health programs	**28,419,993**	27,492,660
Specialty psychiatric hospitals	**30,209,100**	29,908,500
Addictions programs	**8,803,304**	8,479,238
Health infrastructure renewal fund	**1,967,147**	2,275,594
Total	**920,425,127**	870,764,285

10. Separate funding amounts were received by the WW LHIN from the MOHLTC for specific initiatives

a) E-Health

The WW LHIN received funding of $600,000 (2010 - $600,000) from the MOHLTC. These funds were used toward initiatives in support of its strategic E-Health Plan as defined in its Integrated Health Services Plan. E-Health expenses incurred during the year are as follows:

	2011	2010
	$	$
Salaries, benefits and consulting services	**506,893**	560,278
Other	**93,107**	39,722
	600,000	600,000

b) Emergency Department Lead

The WW LHIN received funding of $75,000 (2010 - $75,000) related to the Emergency Department Lead. Emergency Department Lead expenses incurred during the year are as follows:

	2011	2010
	$	$
Salaries, benefits and consulting services	**74,030**	72,909
Other	**970**	2,091
	75,000	75,000

10. Separate funding amounts were received by the WW LHIN from the MOHLTC for specific initiatives (continued)

c) Emergency Department/Alternative Levels of Care Lead

The WW LHIN received funding of $100,000 (2010 - $100,000) related to the Emergency Department/Alternative Levels of Care Lead. Emergency Department/Alternative Levels of Care Lead expenses incurred during the year are as follows:

	2011	2010
	$	$
Salaries, benefits and consulting services	**100,000**	100,000
	100,000	100,000

d) Aboriginal Planning

The WW LHIN received funding of $5,000 (2010 - $5,000) related to Aboriginal Planning. Aboriginal Planning expenses incurred during the year are as follows:

	2011	2010
	$	$
Community engagement	**5,000**	5,000
	5,000	5,000

e) Ontario Diabetes Strategy

The WW LHIN received funding of $nil (2010 - $25,000) related to the Ontario Diabetes Strategy. No Ontario Diabetes Strategy expenses were incurred during the year.

	2011	2010
	$	$
Salaries and benefits	**-**	25,000
	-	25,000

f) French Language Services

The WW LHIN received funding of $50,537 (2010 - $15,163) related to French Language Services. French Language Services expenses incurred during the year are as follows:

	2011	2010
	$	$
Salaries and benefits	**17,610**	8,278
Other	**28,927**	6,885
	46,537	15,163

10. Separate funding amounts were received by the WW LHIN from the MOHLTC for specific initiatives (continued)

g) Diabetes Self-Management

The WW LHIN received funding of $nil (2010 - $35,000) related to Diabetes Self Management. No Diabetes Self-Management expenses were incurred during the year.

	2011	2010
	$	$
Consulting services	-	1,001
Other	-	15,350
	-	16,351

h) Health Equity Impact Assessment

The WW LHIN received funding of $nil (2010 – $8,500) related to Health Equity Impact Assessment. Health Equity Impact Assessment expenses incurred during the year are as follows:

	2011	2010
	$	$
Other	1,478	-
	1,478	-

The MOHLTC allowed for $1,478 of expenses incurred in 2011 to be applied against prior year funding.

i) Critical Care Lead

The WW LHIN received funding of $75,000 (2010 – $nil) related to Critical Care Lead. Critical Care Lead expenses incurred during the year are as follows:

	2011	2010
	$	$
Consulting services	75,000	-
	75,000	-

11. LHIN operations - general and administrative expenses

The Statement of financial activities presents expenses by function. The following classifies general and administrative expenses by object:

	2011	2010
	$	$
Salaries and benefits	**2,949,762**	2,702,925
Occupancy	**317,182**	210,273
Amortization	**105,306**	146,019
Shared services	**379,155**	362,714
LHIN Collaborative	**45,000**	12,286
Public relations	**64,715**	93,775
Consulting services	**107,370**	158,181
Supplies	**81,998**	64,488
Board Chair per diems	**80,805**	82,250
All other board members' per diems	**35,100**	34,100
Other governance costs	**45,674**	69,886
Mail, courier and telecommunications	**62,038**	69,097
Other	**280,603**	170,722
	4,554,707	4,176,716

12. Pension agreements

The WW LHIN makes contributions to the Hospitals of Ontario Pension Plan ("HOOPP"), which is a multi-employer plan, on behalf of approximately 30 members of its staff. The plan is a defined benefit plan, which specifies the amount of retirement benefit to be received by the employees, based on the length of service and rates of pay. The amount contributed to HOOPP for fiscal 2011 was $281,497 (2010 - $237,232) for current service costs and is included as an expense in the Statement of Financial Activities. The last actuarial valuation was completed for the plan on December 31, 2010. At that time, the plan was fully funded.

13. Guarantees

The WW LHIN is subject to the provision of the *Financial Administration Act*. As a result, in the normal course of business, the WW LHIN may not enter into agreements that include indemnities in favour of third parties, except in accordance with the *Financial Administration Act* and the related Indemnification Directive.

An indemnity of the Chief Executive Officer was provided directly by the WW LHIN pursuant to the terms of the *Local Health System Integration Act, 2006* and in accordance with s. 28 of the *Financial Administration Act*.

Waterloo Wellington **LHIN**

LIVE AND LIVE WELL IN WATERLOO WELLINGTON

Waterloo Wellington LOCAL HEALTH INTEGRATION NETWORK
50 Sportsworld Crossing Road, Suite 200 | Kitchener, Ontario N2P 0A4

T. 519 650 4472 F. 519 650 3155 Toll Free 1 866 306 5446
Staff email: first name.last name@lhins.on.ca
General email: waterloowellington@lhins.on.ca
websites: www.wwlhin.on.ca and www.partnersinhealth.ca

ISSN 1911-2963 (Print)
ISSN 1913-9284 (Online)

Ontario
Local Health Integration Network